

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee <b>CBB Chain Bridge Bank</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 16 / 2016	
Mailing Address 1445 Laughlin Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">2500.00</div>	
City McLean	State VA	Zip Code 22101	Transaction ID : SE.6380
Purpose of Expenditure prepaid canvasser travel expenses- OH		Category/ Type 002	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 16 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">66302.08</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee <b>CBB Chain Bridge Bank</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 16 / 2016	
Mailing Address 1445 Laughlin Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">2500.00</div>	
City McLean	State VA	Zip Code 22101	Transaction ID : SE.6387
Purpose of Expenditure prepaid canvasser travel expenses- OH		Category/ Type 002	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 16 / 2016
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">53802.08</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px;">5000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

  
 09 / 16 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Hyatt Place</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2016</b>
Mailing Address <b>6161 Park Center Circle</b>		Amount <b>2250.00</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>
Purpose of Expenditure <b>Hotel expense</b>	Category/Type <b>002</b>	Transaction ID : <b>SE.6391</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2016</b>
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought <b>68552.08</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Hyatt Place</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2016</b>
Mailing Address <b>6161 Park Center Circle</b>		Amount <b>2250.00</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>
Purpose of Expenditure <b>Hotel expense</b>	Category/Type <b>002</b>	Transaction ID : <b>SE.6394</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2016</b>
Name of Federal Candidate <b>TED STRICKLAND</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought <b>56052.08</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>4500.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY  
**09 / 16 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Thrifty Car Rental</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2016</b>	
Mailing Address <b>1534 Sunset Blvd</b>		Amount <b>750.00</b>	
City <b>Steubenville</b>	State <b>OH</b>	Zip Code <b>43952</b>	Transaction ID : <b>SE.6378</b>
Purpose of Expenditure Van rental- OH	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2016</b>	
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>OH</b>	
Calendar Year-To-Date Per Election for Office Sought <b>63802.08</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Thrifty Car Rental</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2016</b>	
Mailing Address <b>1534 Sunset Blvd</b>		Amount <b>750.00</b>	
City <b>Steubenville</b>	State <b>OH</b>	Zip Code <b>43952</b>	Transaction ID : <b>SE.6385</b>
Purpose of Expenditure Van Rental- OH	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2016</b>	
Name of Federal Candidate <b>TED STRICKLAND</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>	
Calendar Year-To-Date Per Election for Office Sought <b>51302.08</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1500.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>11000.00</b>

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Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 16 / 2016**

Signature